

SENATE RECORD VOTE ANALYSIS

104th Congress
2nd Session

Vote No. 273

September 5, 1996, 7:32 pm
Page S-9926 Temp. Record

VA-HUD APPROPRIATIONS/Parity Option for Mental Health Coverage

SUBJECT: Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Bill for fiscal year 1997 . . . H.R. 3666. Domenici motion to table the Brown amendment No. 5195 to the Domenici/Wellstone amendment No. 5194.

ACTION: MOTION TO TABLE AGREED TO, 75-22

SYNOPSIS: As reported, H.R. 3666, the Departments of Veterans Affairs and Housing and Urban Development, and independent Agencies Appropriations Bill for fiscal year 1997, will provide a net of \$84.7 billion in new budget authority, which is \$2.8 billion under the Administration's request, \$714 million more than provided in the House-passed bill, and \$2.3 billion more than provided in FY 1996.

The Domenici/Wellstone amendment would add the Mental Health Parity Act. That Act would require a group health plan that applied an aggregate lifetime limit (or annual limit) to plan payments for medical or surgical services offered, and that offered a mental health benefit, to either include payments for mental health benefits under that lifetime limit (or that annual limit) or to set a separate lifetime limit or annual limit on mental health benefits that was equal to or greater than the dollar amount of the aggregate lifetime limit (or annual limit) on plan payments for medical or surgical services. If a plan did not place a lifetime limit (or annual limit) on medical or surgical services, then it would not be allowed to place a lifetime limit (or annual limit) on mental health benefits. A group health plan offered by an insurer would not be prohibited from utilizing other forms of cost containment not prohibited by the above requirements, nor would an insurer be prohibited from applying requirements that make distinctions between acute care and chronic care. The Act would not apply to substance abuse, chemical dependency, Medicare, or Medicaid benefits. The Act would not preempt any State law requiring greater parity between mental health and other health benefits. The Act would not apply to plans maintained by employers for 25 or fewer employees. The Act would sunset September 30, 2001. The Act would not apply to plans purchased by individuals.

The Brown amendment would add that a purchaser would retain the option to choose a plan without parity. Thus, insurers would have to offer plans with parity on lifetime and annual limits for mental health coverage and other coverage, but they could also offer

(See other side)

YEAS (75)				NAYS (22)		NOT VOTING (3)	
Republican (29 or 58%)		Democrats (46 or 98%)		Republicans (21 or 42%)	Democrats (1 or 2%)	Republicans (3)	Democrats (0)
Bennett	Kassebaum	Akaka	Inouye	Abraham	Johnston	Hatch- ²	
Bond	Lugar	Baucus	Kennedy	Ashcroft		Hatfield- ^{2AY}	
Burns	McConnell	Biden	Kerrey	Brown		Murkowski- ²	
Chafee	Pressler	Bingaman	Kerry	Campbell			
Cochran	Roth	Boxer	Kohl	Coats			
Cohen	Santorum	Bradley	Lautenberg	Craig			
Coverdell	Shelby	Breaux	Leahy	Faircloth			
D'Amato	Simpson	Bryan	Levin	Frahm			
DeWine	Snowe	Bumpers	Lieberman	Gorton			
Domenici	Specter	Byrd	Mikulski	Gramm			
Frist	Stevens	Conrad	Moseley-Braun	Grams			
Grassley	Thomas	Daschle	Moynihan	Gregg			
Hutchison	Thompson	Dodd	Murray	Helms			
Jeffords	Thurmond	Dorgan	Nunn	Inhofe			
	Warner	Exon	Pell	Kempthorne			
		Feingold	Pryor	Kyl			
		Feinstein	Reid	Lott			
		Ford	Robb	Mack			
		Glenn	Rockefeller	McCain			
		Graham	Sarbanes	Nickles			
		Harkin	Simon	Smith			
		Heflin	Wellstone				
		Hollings	Wyden				

EXPLANATION OF ABSENCE:

- 1—Official Business
- 2—Necessarily Absent
- 3—Illness
- 4—Other

SYMBOLS:

- AY—Announced Yea
- AN—Announced Nay
- PY—Paired Yea
- PN—Paired Nay

plans without parity, and purchasers could decide for themselves if they wanted parity.

During debate, Senator Domenici moved to table the Brown amendment. The motion to table is not debatable; however, some debate preceded the making of the motion. Generally, those favoring the motion to table opposed the amendment; those opposing the motion to table favored the amendment.

NOTE: Following the vote, the Domenici amendment was amended by voice vote, and then adopted (see vote No. 274).

Those favoring the motion to table contended:

Ordinarily we would agree with the logic of our colleagues. The Federal Government, as a rule, should not be in the business of telling Americans what they can or cannot buy, or what they must buy if they decide they are going to make a purchase. The free market should be allowed to operate. In this case, though, we are talking about an exception to the rule.

There are three basic reasons why we should make this exception. First, in most cases, individual Americans have very little to do with choosing their health care coverage. That choice is made by their employers. The second, and related, reason is that few Americans know that they have limited mental health benefits until someone in their families is stricken with a severe mental illness. The third basic reason for mandating this parity is that in this case we do know better. The American people, to a large extent, do not view mental illness as a true physical ailment. They wrongly view it as more of a character weakness.

Agreeing to the Brown amendment would effectively nullify the underlying amendment. Employers can already choose plans that offer parity, but most do not. Requiring all insurers to offer some plans with parity would unlikely make them any more likely to choose such plans. Insurers would "cherry pick," looking for people to insure without mental illness. The small minority of Americans with severe mental problems would be left out of the main insurance pool, and would see their premiums rise to unaffordable rates.

If people, and insurance companies, had the same irrational, mistaken views about other illnesses, the same would happen for those illnesses. For instance, if muscular dystrophy were viewed as somehow not a "real" illness deserving of coverage, then people with muscular dystrophy would be unable to find insurance at fair rates, and those people who had it would only receive a few months treatment before they hit their lifetime limits and were thrown out on their own.

We urge Senators not to allow this irrational, inhumane treatment to continue for the mentally ill. They are no different than other sick people, and they should not be treated as though they were. The Brown amendment would effectively nullify the underlying Domenici/Wellstone amendment. It should be rejected.

Those opposing the motion to table contended:

Good intentions do not justify bad results. This amendment goes against one of our most fundamental, basic, core beliefs: the American people know better how to spend their own money than we here in Washington do. We understand the sentiment driving this amendment, and we know how irresistible it can be. Still, we hope our colleagues will see the merit of the Brown amendment in preserving the right of Americans to choose their own insurance without this mandate on mental health coverage.

The Domenici amendment has been offered because most of the American people do not buy the amount of mental health coverage that our colleagues think that they should. Some Americans do--unlimited mental health care coverage is available, as is coverage that has the same limits as coverage for other illnesses. Those Americans have made that choice, often through their employers. Some Senators think that they have not made that choice directly enough, or have not made a choice based on enough information, so their solution is to take the choice totally out of the American peoples' hands. Their solution is to say that group plans must have parity in limits or mental health care coverage may not be offered at all.

Our colleagues have been quick to assure us that the underlying amendment will only have a few dollars difference in cost. We find their claim extremely hard to believe. Insurance companies have said that costs could rise as high as 15 percent if mental health care coverage were mandated, depending on how broad a mandate was imposed. We think that if coverage were as cheap as our colleagues claim it would have been provided long ago.

Nevertheless, our colleagues tell us that this amendment would result in premiums going up only \$6 to \$8 yearly. If they are correct, then we have no doubt (and if they believe their own rhetoric they should have no doubt) that most Americans will take that coverage without being ordered to take it. The Brown amendment would still make insurance companies offer such policies, and then Americans would have the choice of continuing with lesser coverage, taking the higher coverage, or perhaps electing not to buy any mental health insurance. The choice would be made by the consumer.

The Brown amendment, instead of limiting choices, would expand them. It would not restrict the ability of Americans to buy mental health insurance with parity. It is a fair amendment that deserves our strong support.